

284

P. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 County of Graham
 District of Safford
 Town of Pima
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 203
 Co. Register No. 123
 Local Registrar's No. 89
 (No. _____ St. _____ Ward)

FULL NAME OF CHILD

Beth Luster
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born ☒
 Alive ☒ YES

Sex of Child <u>Female</u>	<input checked="" type="checkbox"/> Twin <input checked="" type="checkbox"/> Triplet <input checked="" type="checkbox"/> other	and	Number in order of birth _____	Legitimate? <u>Yes</u>	Date of Birth <u>May 23</u> , 19 <u>20</u> (Month)/(Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Chas. Walter Luster</u>			Full Maiden Name <u>Chloe Curtis</u>		
Residence <u>Pima, Arizona</u>			Residence <u>Pima, Arizona</u>		
Color or Race <u>White</u>			Color or Race <u>White</u>		
Age at last Birthday <u>27</u> (Years)			Age at last Birthday <u>25</u> (Years)		
Birthplace <u>Colorado</u>			Birthplace <u>New Mexico</u>		
Occupation <u>Farming</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>1</u>		Number of Children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 23, 1920, at 4 M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature)

(Attending physician, midwife, householder, etc.)

Given or Christian name added from a

supplemental report _____ 191_____

Address

Filed 6-5 1920

True Copy

Filed 6-10 1920

COUNTY REGISTRAR.

LOCAL REGISTRAR.

COUNTY REGISTRAR.